

GEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 10/10/02 OMB# 03-08

FROM: Department L&LS Division Parks & Recreation Section _____

Signatures: Department Director _____ Division Manager _____

WHAT IS NEEDED:

- ☐ Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
☒ More funds for Budgeted Item: Item is budgeted, but additional funds are required.
☐ New item: Item is not in this fiscal year's budget.
☐ Capital Substitution: Substitution or change of a currently budgeted capital item.
☐ Fund & Acct # _____ Budget Item # _____ Budget Amount \$ _____
☐ Capital replacement retention: Capital item was slated to be replaced but needs to be retained. BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

Support Services has funds budgeted for an outside contractor to clean one of two restrooms at Lake Mills Park. This action transfers funding to the appropriate line to add the second restroom to the custodial contract.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 00100 Fund Name General

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>043800-53052000</u>	_____	_____	<u>Operating Supplies</u>	<u>5,160</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	5,160

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	<u>010530-53034000</u>	_____	_____	<u>Contractual Services</u>	<u>5,160</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	5,160

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Sppt. Svcs; etc)

Signature Meloney Long [Signature]

Div or Dept Support Services Admin Services

OMB RECOMMENDATION: ☒ Approval ☐ Disapproval Analyst B. Hunter Director CH

APPROVING AUTHORITY: ___ OMB Director ___ County Manager X BCC (Meeting Date) 11-12-02

☐ Approved ☐ Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____